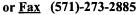
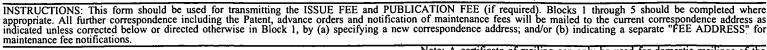
PART B - FEE(S) TRANSMITTAL

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ppropriate. All further indicated unless correcte naintenance fee notificate	ed below or directed oth	ng the Patent, advance of nerwise in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees was pondence address;	vill be mailed to the and/or (b) indication	current cong a separat	rrespondence address as e "FEE ADDRESS" for
		ock 1 for any change of address)	Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCK	ET NO.	CONFIRMATION NO.
10/500,308 03/11/2005		Ingemar Backlund			2380-1292 9844		
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FE	E(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$ 0	\$18	10	01/18/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	01/14/2011 LNGUYEN2 00000023 19500308			
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Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front the patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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a. The following fee(s): Issue Fee Publication Fee (N Advance Order - a	No small entity discount		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).				
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